## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005126

FILED Jan 08, 2009 Secretary of State

Entity Name: A. VAUGHN WILLIAMS AND MARY H. WILLIAMS PRIVATE FOUNDATION, INC.

| •   |   |                                  |              |  |                         | ,                           |              |
|---|---|----------------------------------|--------------|--|-------------------------|-----------------------------|--------------|
| Current Principal Place of Business:  |   |                                  |              | New Principal Place of Business:   |                         |                             |              |
| 603 CENTRAL FLORIDA PARKWAY SUITE 107<br>ORLANDO, FL 32824                          |   |                                  |              | 603 CENTRAL FLORIDA PARKWAY<br>SUITE 107<br>ORLANDO, FL 32824                          |                         |                             |              |
| Current Mailing Address:  |   |                                  |              | New Mailing Address:   |                         |                             |              |
| 603 CENTRAL FLORIDA PARKWAY SUITE 107<br>ORLANDO, FL 32824                          |   |                                  |              | 603 CENTRAL FLORIDA PARKWAY<br>SUITE 107<br>ORLANDO, FL 32824                          |                         |                             |              |
| FEI Number:   | : 54-2174838  | FEI Number Applied For ( )       | FEI Numb     | er Not Appli   | icable ( )              | Certificate of Status Des   | ired ( )     |
| Name and Address of Current Registered Agent:                                       |   |                                  |              | Name and Address of New Registered Agent:  |                         |                             |              |
| WILLIAMS, A VAUGHN<br>603 CENTRAL FLORIDA PARKWAY SUITE 107<br>ORLANDO, FL 32824 US |   |                                  |              | WILLIAMS, A VAUGHN<br>603 CENTRAL FLORIDA PARKWAY<br>SUITE 107<br>ORLANDO, FL 32824 US |                         |                             |              |
|   | named entity<br>e of Florida.                       | submits this statement for the p | ourpose of o | changing it  | s registere             | d office or registered ager | nt, or both, |
| SIGNATURE: A. VAUGHN WILLIAMS   |   |                                  |              | 01/08/2009   |                         |                             |              |
|   | Electro   | nic Signature of Registered Age  | ent          |  |                         | Date                        |              |
| OFFICERS AND DIRECTORS:   |   |                                  |              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:   |                         |                             |              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D (<br>WILLIAMS, A V<br>2717 NELA AV<br>ORLANDO, FL | E                                | N<br>A       | itle:<br>lame:<br>ddress:<br>Dity-St-Zip:  |                         | () Change () Addition       |              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D (<br>WILLIAMS, MA<br>2717 NELA AV<br>ORLANDO, FL  | E                                | N<br>A       | ītle:<br>lame:<br>\ddress:<br>City-St-Zip:   |                         | ( ) Change ( ) Addition     |              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | WILLIAMS, NIC                                       | NE PLACE APT G1                  | N<br>A       | itle:<br>lame:<br>ddress:<br>city-St-Zip:  | WILLIAMS,<br>166 WILLIA |                             |              |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. VAUGHN WILLIAMS D 01/08/2009